

Name
in
Full

Elmer Katherine Boone

CERTIFICATE OF DEATH

Died at

Ridgely

Town

Caroline

County

MARYLAND

Date

of death 1990

Month

2

Day

14

Years

Age

Months

1

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Ridgely, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

W. E. Boone

Father's
Birthplace

Md.

Mother's
Maiden Name

Ella Willoughby

Mother's
Birthplace

Md.

Name of person giving
Information

W. E. Boone

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Inanition

How long

12 mo. 21 days

Immediate

Exhaustion

How long

2 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. J. Stone M. D.

Address

Ridgely
Md.

Accident or Suicida

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

157



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary E. Born*

Town

Denton

County

Caroline

MARYLAND

Died at

Date

of death

19*40*

Month

2

Day

1

Age

Years

75

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Md*

Occupation

*Housewife*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Not known*Father's
Birthplace*Not known*Mother's
Maiden Name*Not known*Mother's
Birthplace*Not known*Name of person giving
Information*John Bagge*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

Pneumonia

How long

One week

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*P.R. Fisher**Denton**Md*

Accident or Suicide

*No*PHYSICIAN
OR CORNER

1825

1825



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charlotte Buckley* Town *Chaplains* County *Conradine* MARYLAND

Died at *Chaplains* Date of death *1980 Feb 17* Age *67* Months *2* Days *3*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death *Chaplains*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Buckley*

Father's Name *Jack Wright* Father's Birthplace *MD*

Mother's Maiden Name *Eliza Willis* Mother's Birthplace *MD*

Name of person giving Information *Elsie Buckley* How related to deceased *Daughter*

CAUSES OF DEATH

97

How long

8 days

How long

PHYSICIAN
OR CORONERPrimary *Bronch. Pneumonia*Immediate *Pulmonary Infection*

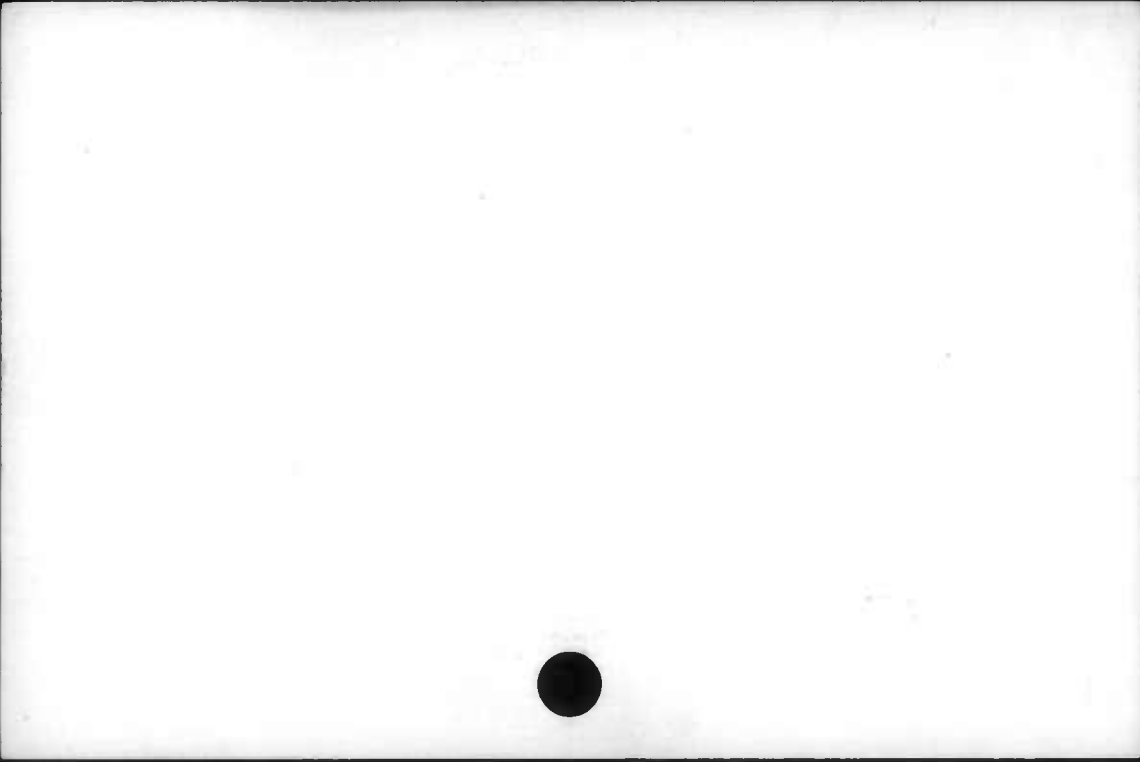
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Downes
Proctor

Accident or Suicide



Name
in FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name **Mellie Brookspenna Cannon**
 Died at **Federalburg** ^{Town} **Caroline** ^{County}

CERTIFICATE OF DEATH

MARYLAND

Date of death **1910 Feb. 20** ^{Month} ^{Day} ^{Years} **1** ^{Months} **6** ^{Days} **—**

Sex **Female** ^{Color or Race} **Black** ^{Birth-place} **Federalburg, Md.**

Occupation **—** ^{Where Residing if not at place of death} **—**

Married, Single or Widowed **—** ^{Name of Wife or Husband} **—**

Father's Name **Grwin Cannon,** ^{Father's Birthplace} **Dorchester Co. Md.**

Mother's Maiden Name **Annie Turner,** ^{Mother's Birthplace} **Sussex Co. Del.**

Name of person giving Information **Edward Turner,** ^{How related to deceased} **Uncle**

CAUSES OF DEATH

Primary **Infantile Convulsions** ^{How long} **2 days.**

Immediate

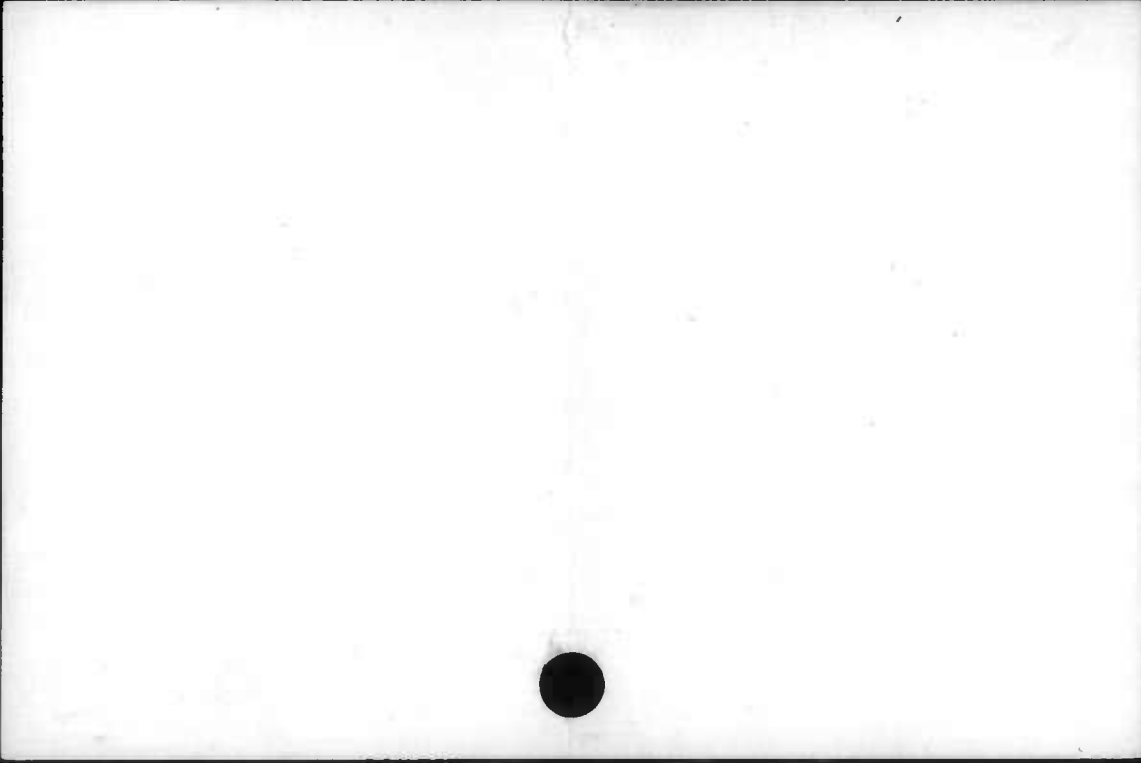
Are the name, age, sex, color, date and place correctly given above? **Yes.**

Signature of Physician

Address

F. J. Brooks
Federalburg Md.
Caroline Co.

Accident or Suicide



Name
in
Full

Tilghman Fillmore Chaffinch
Town *Hobbs* County *Caroline*

CERTIFICATE OF DEATH

MARYLAND

Died at *Hobbs* Month *Feb.* Day *20* Age *53* Months *10* Days *29*

Sex *male* Color or Race *White* Birth-place *Maryland*

Occupation *Merchant* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Janie Calloway Chaffinch*

Father's Name *Louis Chaffinch* Father's Birthplace *Maryland*

Mother's Maiden Name *Eliza Hightt* Mother's Birthplace *Maryland*

Name of person giving Information *Mrs. J. R. Ricards* How related to deceased *niece*

CAUSES OF DEATH

Primary *Bright's Disease* How long *120* *8 mo*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Church George W. D.
Centerville
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name in Full **William S. Eddington.**

CERTIFICATE OF DEATH

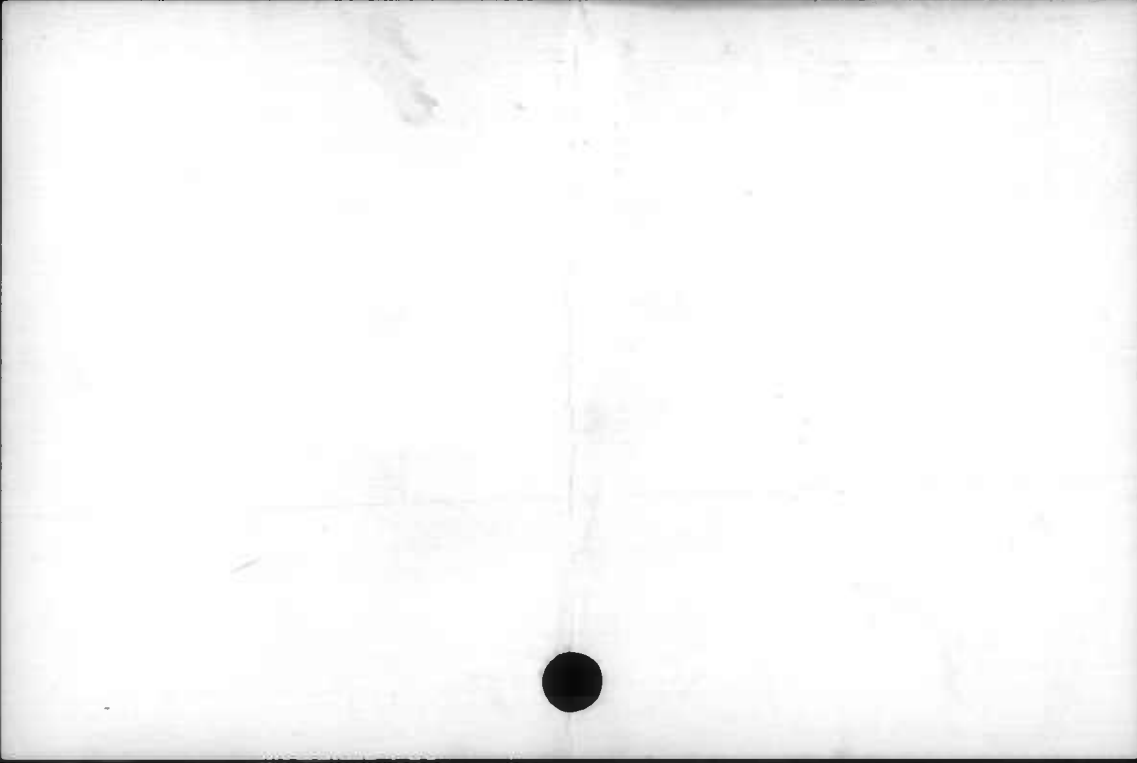
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------|--|-----------------------|----------------|
| Died at Federalburg, | | County Caroline | | State MARYLAND | |
| Date of death | Month Feb. | Day 25 | Age 14 | Months 8 | Days 23 |
| Sex Male | Color or Race White | | Birth-place Dorchester Co - Md. | | |
| Occupation School - Boy | Where Residing if not at place of death _____ | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband _____ | | | | |
| Father's Name William T. Eddington. | | | Father's Birthplace Milton, Del. | | |
| Mother's Maiden Name Rydia W. Eubanks. | | | Mother's Birthplace Milford, Del. | | |
| Name of person giving Information William T. Eddington | | | How related to deceased Father. | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---|------------------------|------------------------|
| Primary | Bronchial Asthma | How long | (97) (96) ✓ |
| Immediate | Bronchitis, Debility of heart, Emphysema | How long | 4 days. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Geo F Sailerway |
| | | Address | Federalburg Md. |
| Accident or Suicide | No | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------------------|------------------------|---|------------------------|-------------------------|----------------|-----------------------|
| Died at <i>Linchester</i> | | Town <i>Linchester</i> | | County <i>Caroline</i> | | MARYLAND | |
| Date of death | 1900 | Month | 7th | Day | 15 | Age | — |
| Sex | male | | Color or Race | White | | Birth-place | <i>Linchester Md.</i> |
| Occupation | — | | Where Residing if not at place of death | | — | | |
| Married, Single or Widowed | — | | Name of Wife or Husband | | — | | |
| Father's Name | <i>Edward P. Gadon</i> | | | | Father's Birthplace | <i>Germany</i> | |
| Mother's Maiden Name | <i>Adaline P. Putschak</i> | | | | Mother's Birthplace | <i>Germany</i> | |
| Name of person giving Information | <i>Edward P. Gadon</i> | | | | How related to deceased | <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|------------------------|----------------------|
| Primary | <i>Premature Birth</i> | How long | <i>8</i> <i>1</i> |
| Immediate | <i>Same</i> | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>J. L. Noble</i> |
| | | Address | <i>Frederick Md.</i> |
| Accident or Suicide | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | |
|--|--|
| Died at <i>Linchester</i> Town <i>Gardow</i> County <i>Caroline</i> MARYLAND | |
| Date of death 19 <i>90</i> Month <i>7th</i> Day <i>16</i> Age <i>—</i> Months <i>—</i> Days <i>12 hrs.</i> | |
| Sex <i>male</i> Color or Race <i>White</i> Birth-place <i>Linchester Md</i> | |
| Occupation <i>—</i> Where Residing if not at place of death <i>—</i> | |
| Married, Single or Widowed <i>—</i> Name of Wife or Husband <i>—</i> | |
| Father's Name <i>Edward P. Gadour</i> Father's Birthplace <i>Germany</i> | |
| Mother's Maiden Name <i>Adeline P. Plestchak</i> Mother's Birthplace <i>Germany</i> | |
| Name of person giving Information <i>Edward P. Gadour</i> How related to deceased <i>Father</i> | |

CAUSES OF DEATH

Primary *Immature Birth*How long *151*Immediate *Same*How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

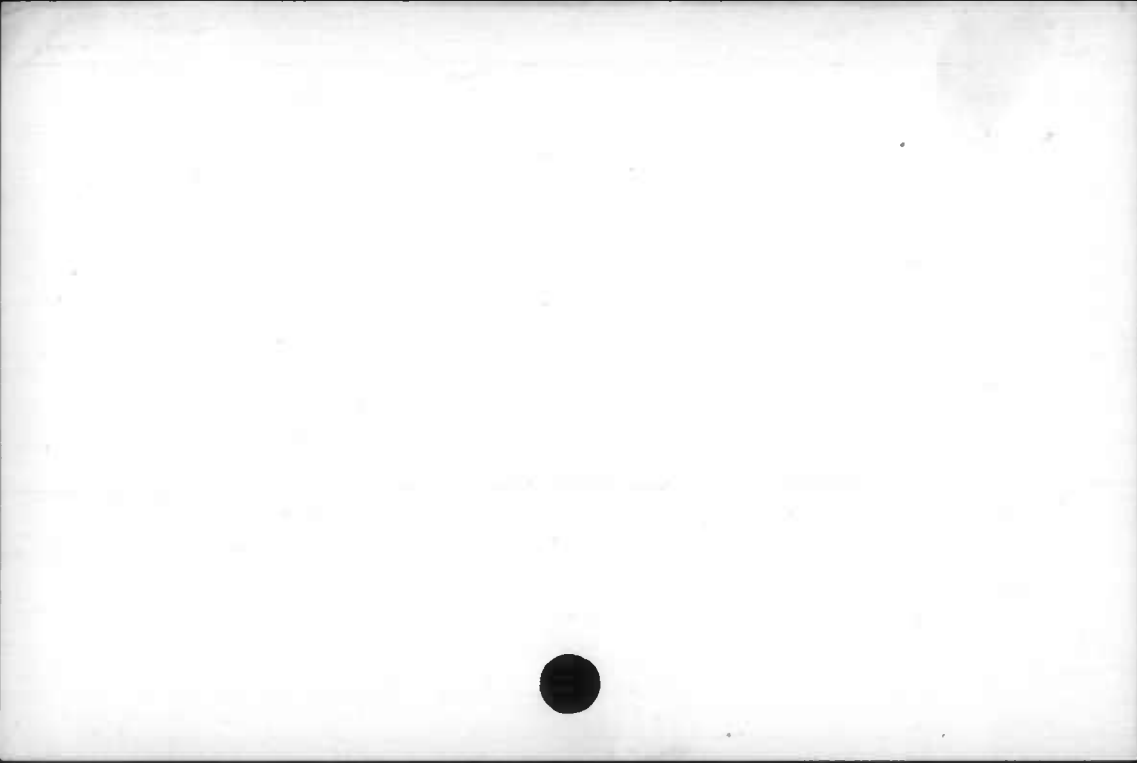
Signature of Physician

Address

J. L. Potter
Preston,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rebecca Grace

Died at *Greenboro* Town*Caroline Co* County

MARYLAND

Date of death *1900 Feb*Day *5*Age *65* YearsMonths *—*Days *—*Sex *Female*Color or Race *Black*Birth-place *Md*Occupation *Housewife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Peter Grace*Father's Name *Benj' Matthews*Father's Birthplace *Md*Mother's Maiden Name *Julia Sampson*Mother's Birthplace *—*Name of person giving information *Peter Grace*How related to deceased *Husband*

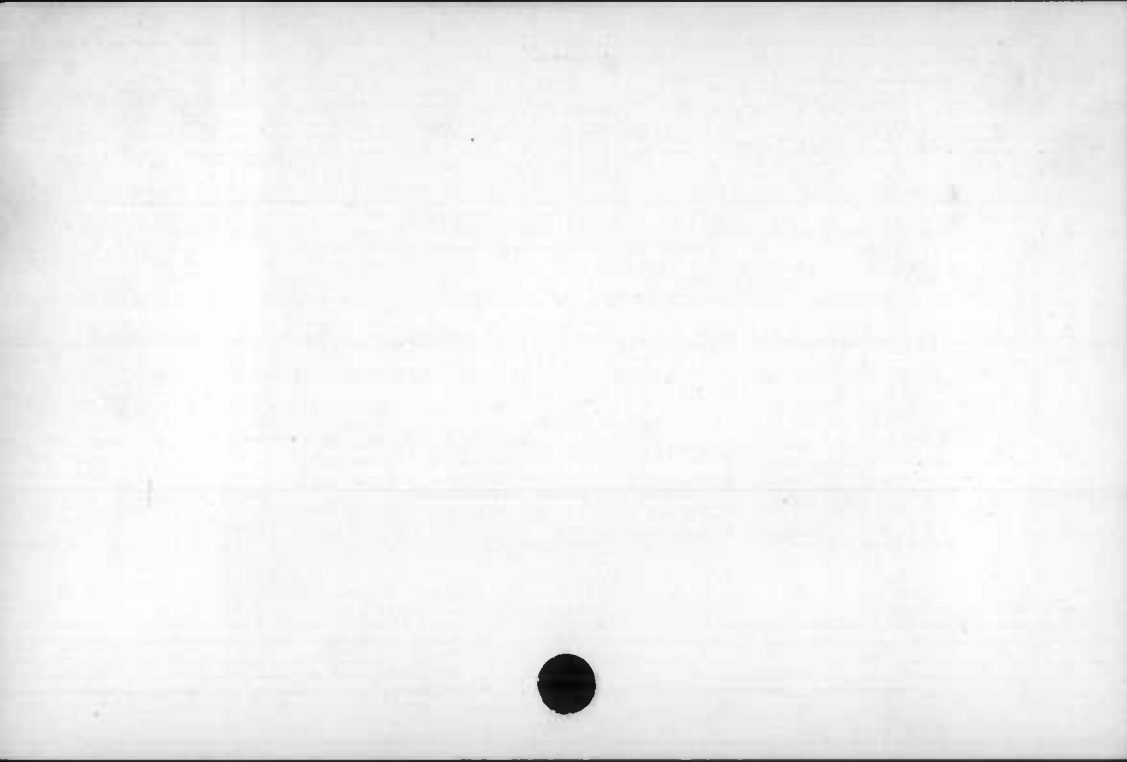
CAUSES OF DEATH

Primary *Berry Cere*How long *2 weeks -*Immediate *Apoplexy*How long *1 week -*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. R. Adams*Address *Greenboro*

Accident or Suicide?



Name
in
Full

James Gb hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Trenton Town Caroline County MARYLAND

Date of death 1960 Month Feb Day 27 Age — Years — Months — Days 12

Sex male Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Minus hubbard Father's Birthplace Md

Mother's Maiden Name Bessie Smith Mother's Birthplace Md

Name of person giving Information minus hubbard How related to deceased father

CAUSES OF DEATH

Primary Convulsions (71) How long 2 hr.

Immediate 11

Are the name, age, sex, color, date and place correctly given above?

yes

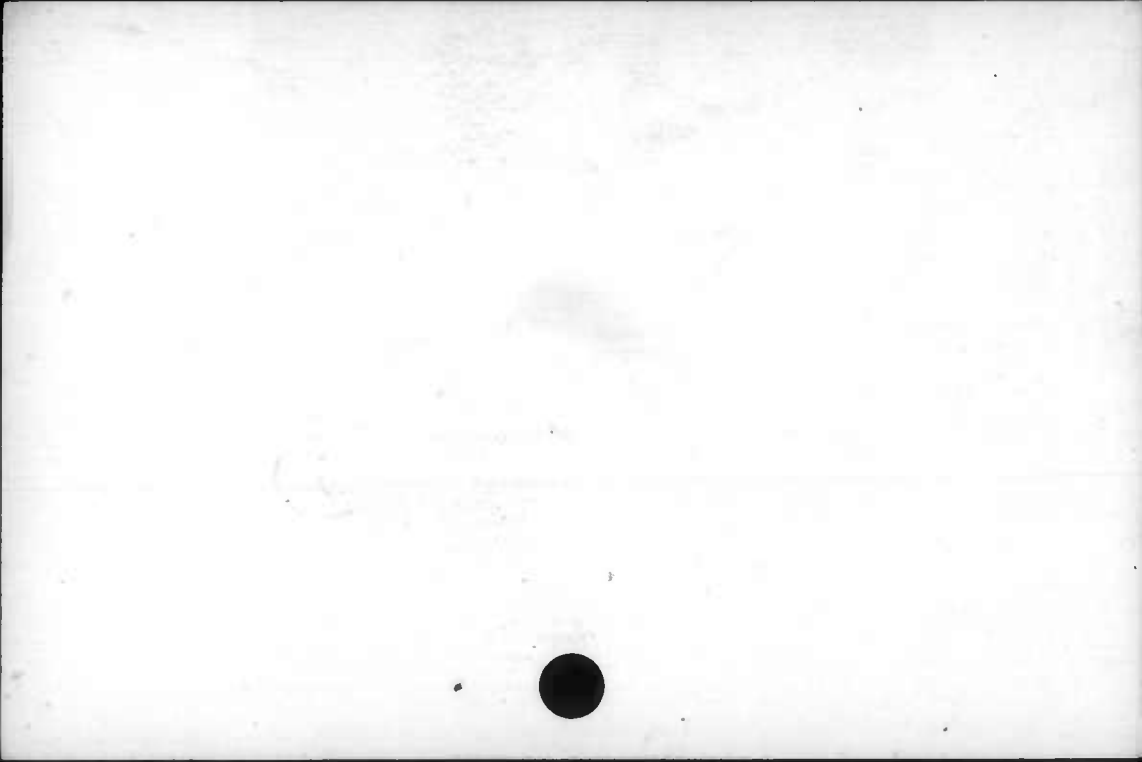
Signature of Physician

Address

Dr. George M.D.
Trenton
Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Mary Hill Swain

Died at Denton Town Caroline County
Date of death 1900 Month 2 Day 6 Age 44 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Mrs. H. Swain

Father's Name Andrew Jones

Father's Birthplace Ind

Mother's Maiden Name Harvey Starnes

Mother's Birthplace Ind

Name of person giving Information Mrs. H. Swain

How related to deceased Husband

CAUSES OF DEATH

79

Primary Heart Disease

How long 5 years

Immediate Same

How long Died suddenly

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician P.R. Fisher

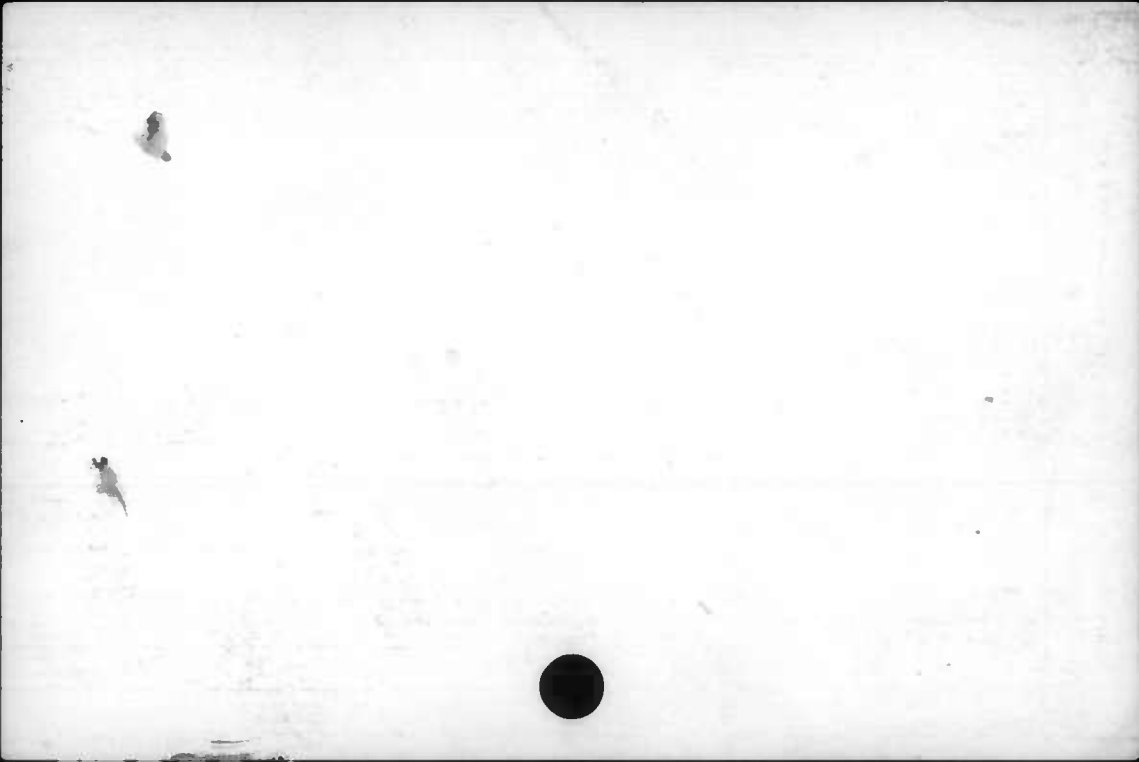
Address Denton

Accident or Suicide No

Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Medford Johnson*
Town *Denton* County *Md. Caroline*

MARYLAND

Died at *Denton* Date of death *1950* Month *2* Day *17* Age *3* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single ~~or Widowed~~ Name of Wife or Husband _____

Father's Name *Elmo Johnson*

Father's Birthplace *md*

Mother's Maiden Name *Allice Dwin*

Mother's Birthplace *md*

Name of person giving Information *Elmo Johnson*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Murder*

How long *2 weeks*

Immediate *Pneumonia*

How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

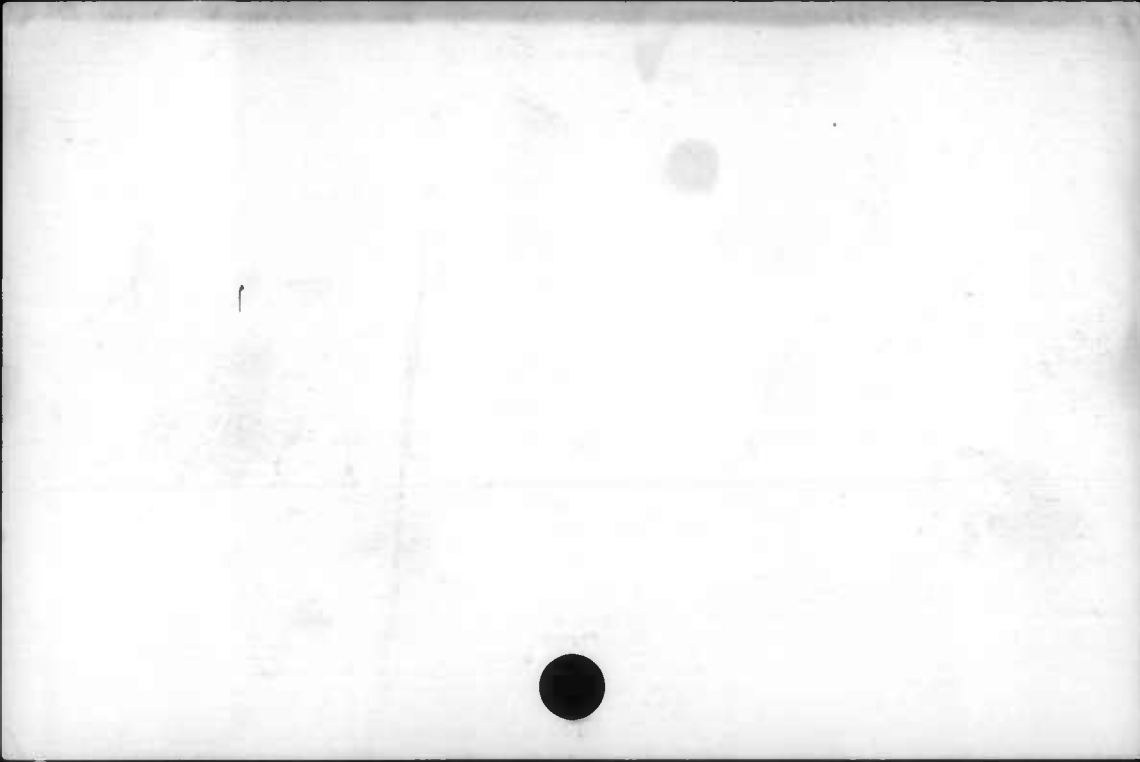
G. M. Nichols

Address

Denton md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ann Kirby* Town *Danvers* County *Caroline* MARYLAND

Died at *Danvers*

Date of death 1900 *Feb* *22* Age *46* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Caroline Co*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Luther Kirby*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving Information *Thos Hicks* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

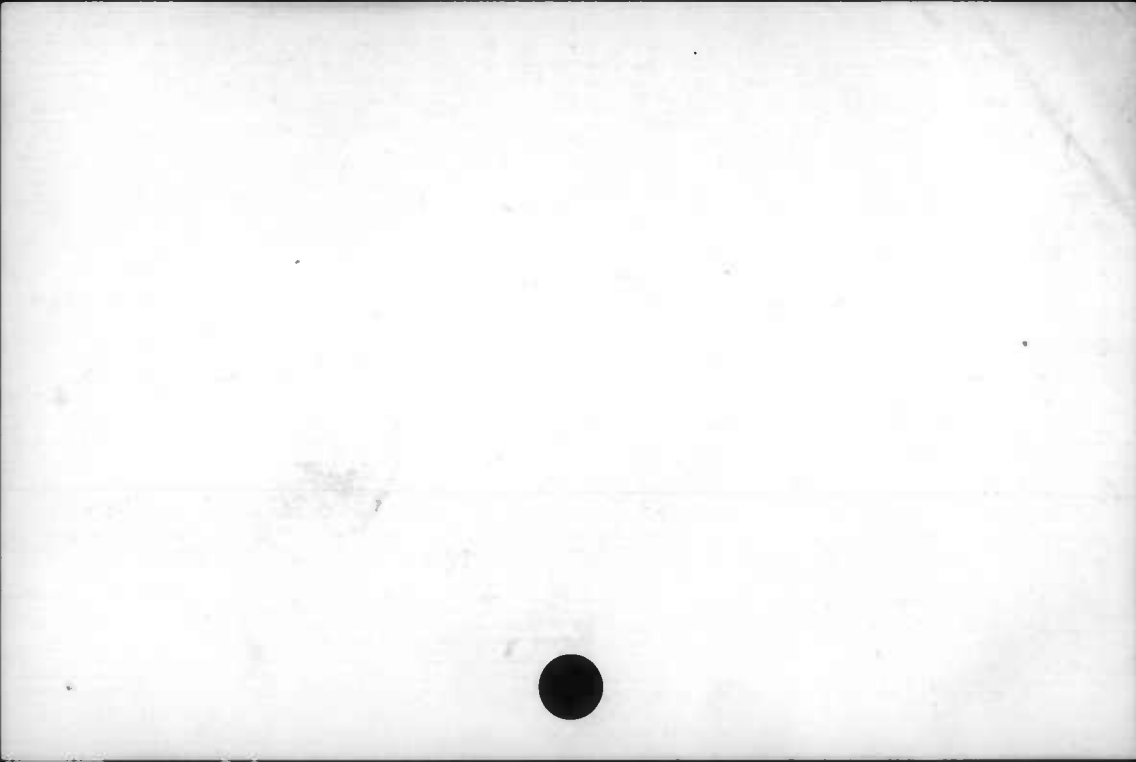
Primary *Tricuspid regurgitation* How long *4 yrs +*

Immediate *Pulmonary + General Edema* How long *3 months*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *A. H. B. F. Conz, M.D.*

Address *Stillborn*

Accident or Suicidal *No*



Name
in
Full

Martha Stanton Mchobal Legg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|----------------------------------|-----------------------------------|-----------------------------|--------------------------|
| Died at <i>Greensboro</i> ^{Town} | | <i>Carroll</i> ^{County} | | MARYLAND | |
| Date of death <i>1900</i> | <i>2</i> ^{Month} | <i>3</i> ^{Day} | Age <i>73</i> ^{Years} | <i>10</i> ^{Months} | <i>9</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Green Anne Co.</i> | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death <i>At place of death</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Thomas W. Stanton</i> | Father's Birthplace <i>Green Anne Co.</i> | | | | |
| Mother's Maiden Name <i>Anne Williams</i> | Mother's Birthplace | | | | |
| Name of person giving information <i>Jas. O. Long</i> | How related to deceased <i>Step mother</i> | | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|----------------|------------------------|-------------------------|
| Primary | <i>Old age</i> | How long | |
| Immediate | <i>Old age</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Marshall Brown</i> |
| | | Address | <i>Greensboro, N.C.</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah M. Nevell*

Town *Federalburg* County *Caroline* MARYLAND

Died at *Federalburg*

Date of death 1900 *10* Month *Oct* Day *8* Age *75* Years Months Days

Sex *female* Color or Race *white* Birth-place *N York*

Occupation *retired* Where Residing if not at place of death

Married, Single or Widowed *widowed* Name of Wife or Husband *Geo J. Nevell*

Father's Name *unknown* Father's Birthplace *N Y*

Mother's Maiden Name *unknown* Mother's Birthplace *N Y*

Name of person giving Information *Frank Nevell* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *64* days

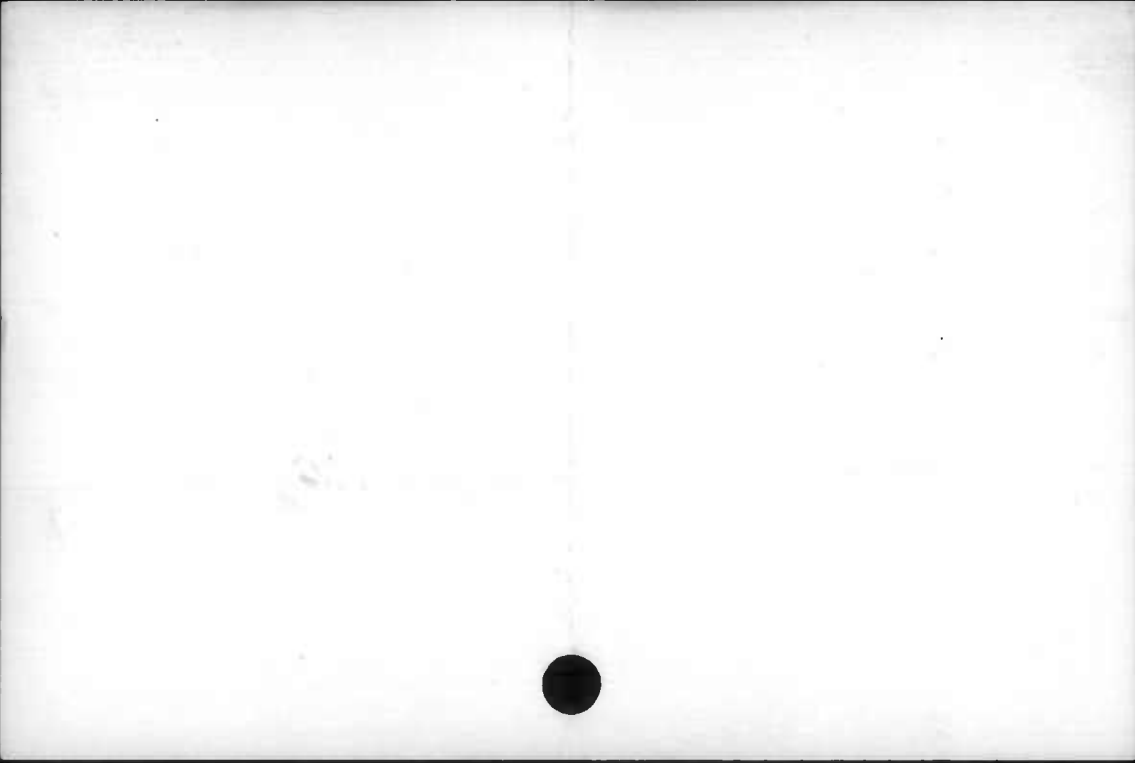
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Jefferson*

Address *Federalburg Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

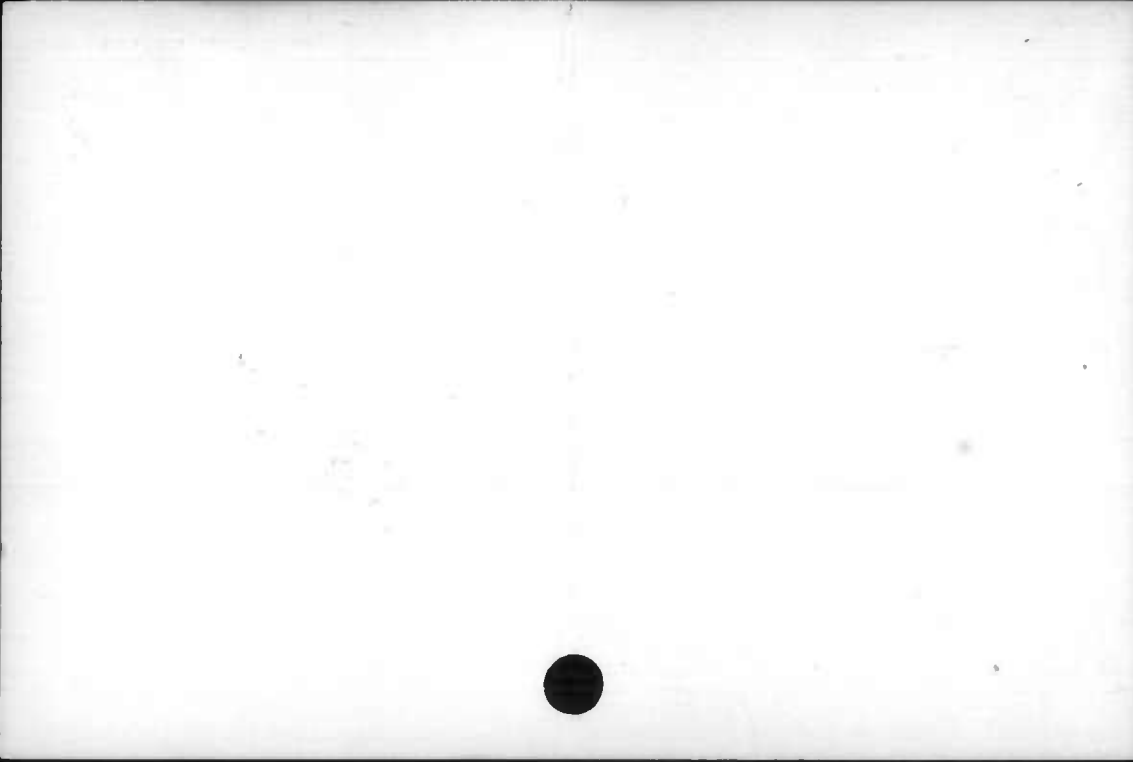
| | | | | | | | | | | | |
|---|--|--|--|---------------------------|--|-------------------------------|--|--------------------------|--|------|--|
| Name in Full <i>Rebecca Ann Nette</i> | | Town <i>Smithville</i> | | County <i>Caroline</i> | | MARYLAND | | | | | |
| Died at | | Month <i>Feb</i> | | Day <i>17</i> | | Years <i>74</i> | | Months | | Days | |
| Date of death <i>1900</i> | | Age <i>74</i> | | Sex <i>female</i> | | Color or Race <i>white</i> | | Birth-place <i>md</i> | | | |
| Occupation <i>retired</i> | | Where Residing if not at place of death | | | | | | | | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband | | | | | | | | | |
| Father's Name <i>unknown</i> | | Father's Birthplace <i>unknown</i> | | | | | | | | | |
| Mother's Maiden Name <i>unknown</i> | | Mother's Birthplace <i>unknown</i> | | | | | | | | | |
| Name of person giving Information <i>Chas Alford</i> | | How related to deceased <i>Son in law</i> | | | | | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Heart Disease</i> | | How long <i>several years</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>R Kemp Jefferson</i> | |
| | | Address <i>Federalsburg Md</i> | |
| Accident or Suicide | | | |



Name
in
Full

Willis Noble

CERTIFICATE OF DEATH

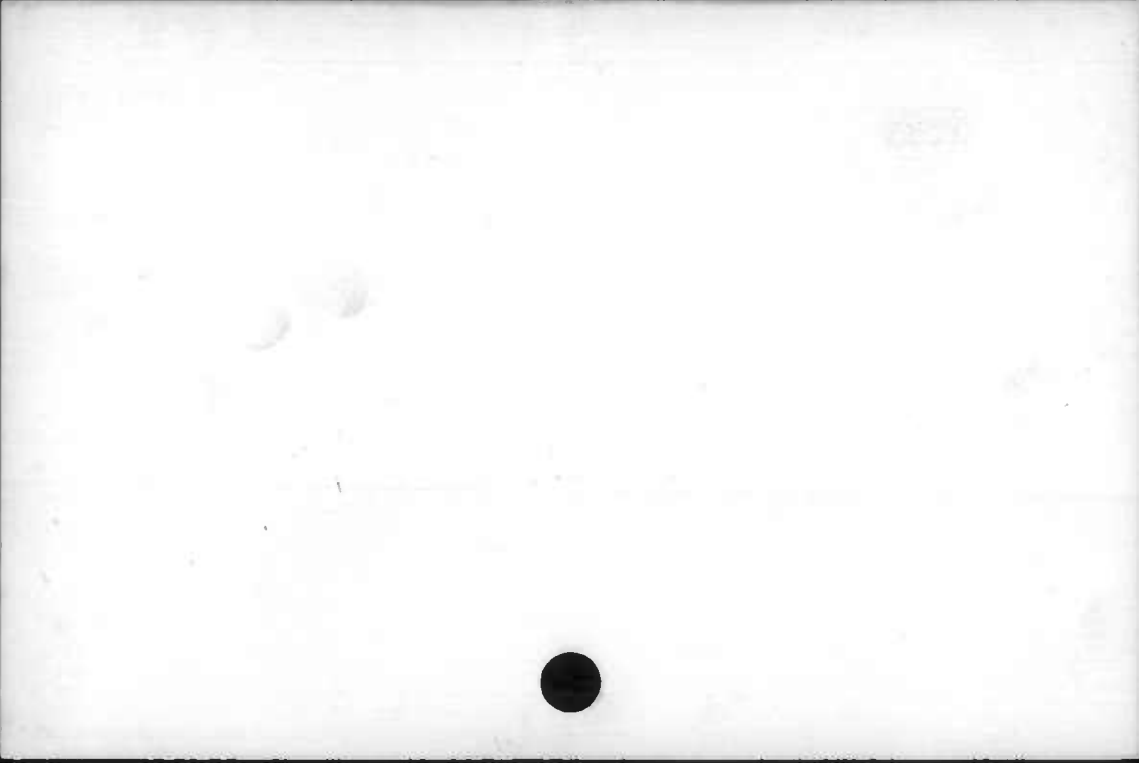
| | | | | | |
|---|---|----------------------------|------------------------------|---------------------|--------------------|
| Died at ^{Town} Preston | | ^{County} Caroline | | MARYLAND | |
| Date of death 1900 | ^{Month} Feb | ^{Day} 20 | ^{Years} Age 82 | ^{Months} 3 | ^{Days} 16 |
| Sex Male | Color or Race White | | Birth-place Caroline Co. Md. | | |
| Occupation Farmer | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Widowed | Name of Wife or Husband Lizzie Phillips | | | | |
| Father's Name Daniel Noble | Father's Birthplace | | | | |
| Mother's Maiden Name Nancy Lenoxton | Mother's Birthplace Caroline Co. Md. | | | | |
| Name of person giving Information Handy History | How related to deceased — | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

| | | | |
|--|--------------------------|------------------------------------|---------|
| Primary | Lagrippe | How long 10 | 11 days |
| Immediate | Heart Failure | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician J. H. Noble | |
| | | Address Preston Md. | |
| Accident or Suicide | | | |

PHYSICIAN
OR CORONER



Christy Pippin

CERTIFICATE OF DEATH

NEAREST FRIEND

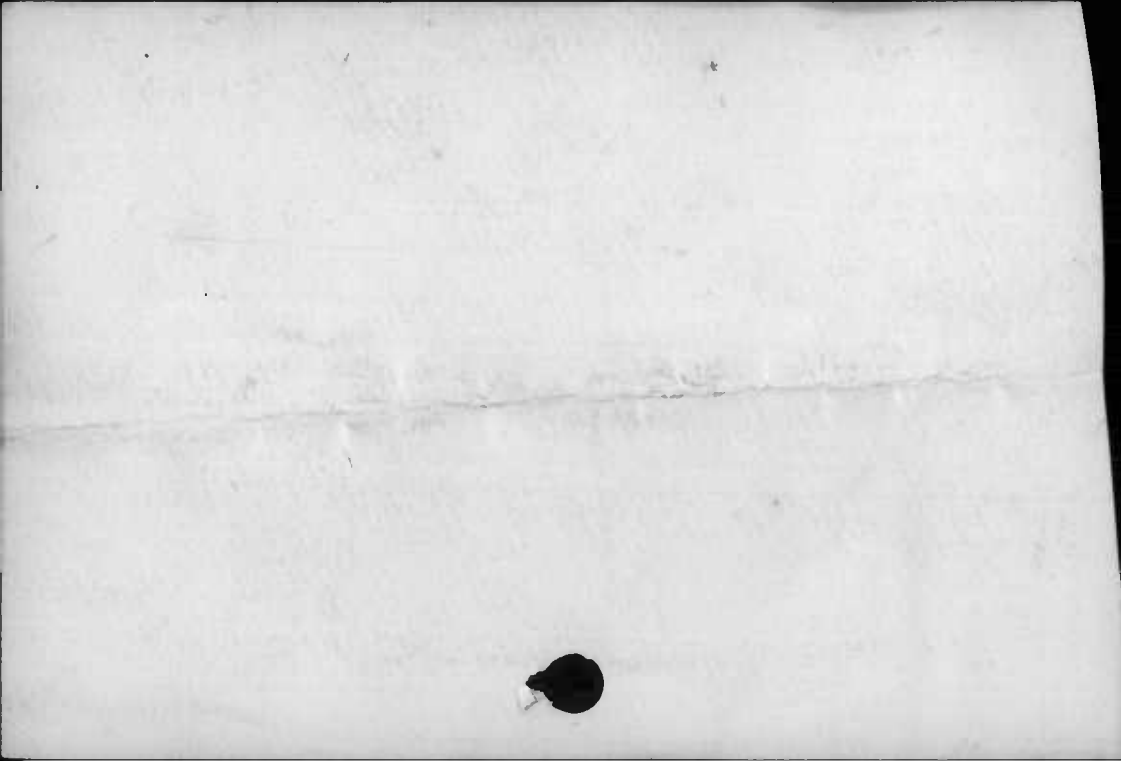
| | | | | | | | |
|---|----------------|---|---|-----------------------------------|--------|----------|--|
| Died at <i>near Henderson</i> | | Town <i>Caroline</i> | | County <i>Caroline</i> | | MARYLAND | |
| Date of death <i>190</i> | Month <i>2</i> | Day <i>17</i> | Age <i>6</i> | Years | Months | Days | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth place <i>Caroline Co md</i> | | | |
| Occupation <i>School</i> | | | Where Residing if not at place of death <input checked="" type="checkbox"/> | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>Darius Pippin</i> | | Father's Birthplace <i>Caroline Co md</i> | | | | | |
| Mother's Maiden Name <i>Lizzie Reed</i> | | Mother's Birthplace <i>Caroline Co md</i> | | | | | |
| Name of person giving information <i>Joe Pippin</i> | | How related to deceased <i>Uncle</i> | | | | | |

CAUSES OF DEATH

9

PHYSICIAN OR CORONER

| | | | |
|---|------------------------|---|------------------|
| Primary | <i>Diphtheria</i> | How long | <i>1 Week</i> |
| Immediate | <i>Neck Laceration</i> | How long | <i>2 1/2 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>L. Seaver</i> | |
| | | Address <i>Gloobord md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

Durias Pippie

Town

County

Died at *near Henderson*

Caroline

MARYLAND

Date

of death

190

Month

2

Day

8

Age

Years

4

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Durias Pippie sr.

Father's
Birthplace

Maryland

Mother's
Maiden Name

Lizzie Reede

Mother's
Birthplace

Maryland

Name of person giving
Information

Durias Pippie

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Membranous Croup.

How long

6 hrs.

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. Silver

Address

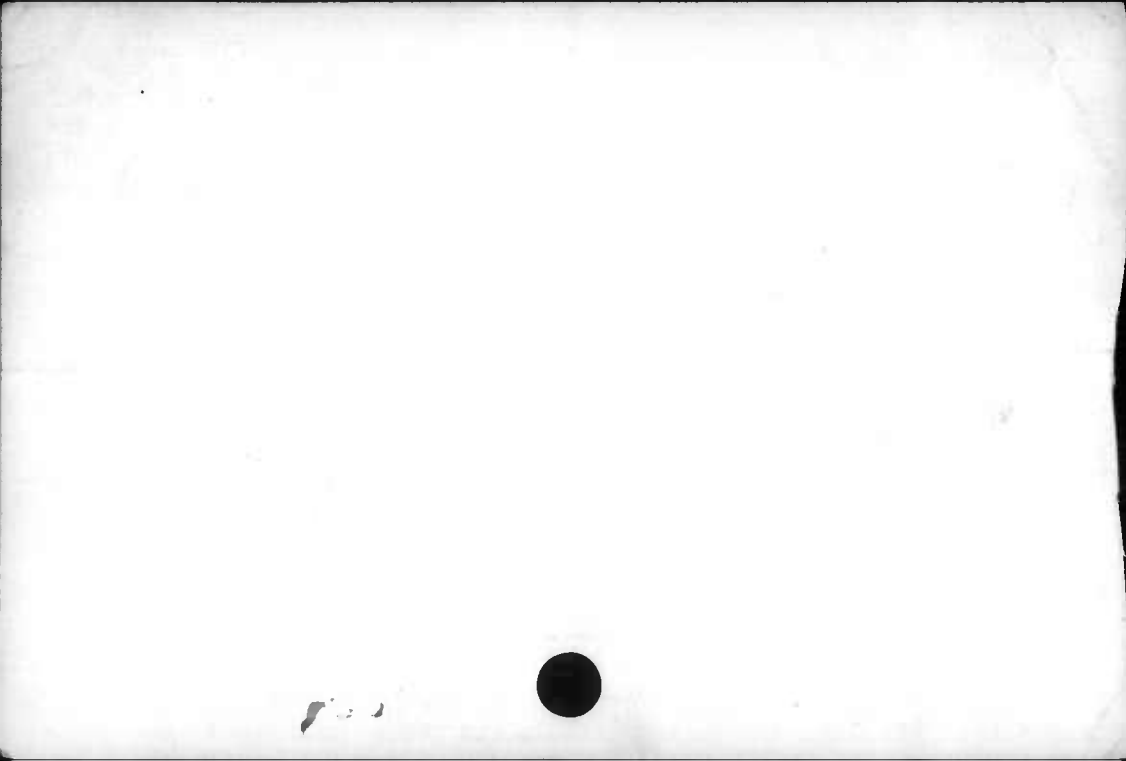
Goldston

md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lydia Virginia Poath's
Federalburg Caroline

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1910

Feb

12

Age

3

Months

2

Days

13

Sex

Female

Color or
Race

Black

Birth-
place

Caroline Co

Occupation

Child

Where Residing if not
at place of death

Married, Single
or Widowed

Child

Name of Wife or
Husband

Father's
Name

Mr. James Poath's dec'd

Father's
Birthplace

Caroline Co Md

Mother's
Meiden Name

Jennie Dickerson

Mother's
Birthplace

Caroline Co Md

Name of person giving
Information

Jennie Poath's

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

6 mos

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. J. Brooks

Address

Federalburg
Caroline Co Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Anna Charlotte Ruchman

Town

County

MARYLAND

Died at Hillston

Caroline

Date

of death 1900

Month

2

Day

6

Age

Years

5-9

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Penn.

Occupation

Housewife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Albert Ruchman

Father's
Name

Jonathan Schouly

Father's
Birthplace

Penn.

Mother's
Maiden Name

George

Mother's
Birthplace

Penn

Name of person giving
Information

A. T. Ruchman

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart Disease

How long

Not suddenly

Immediate

Same

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

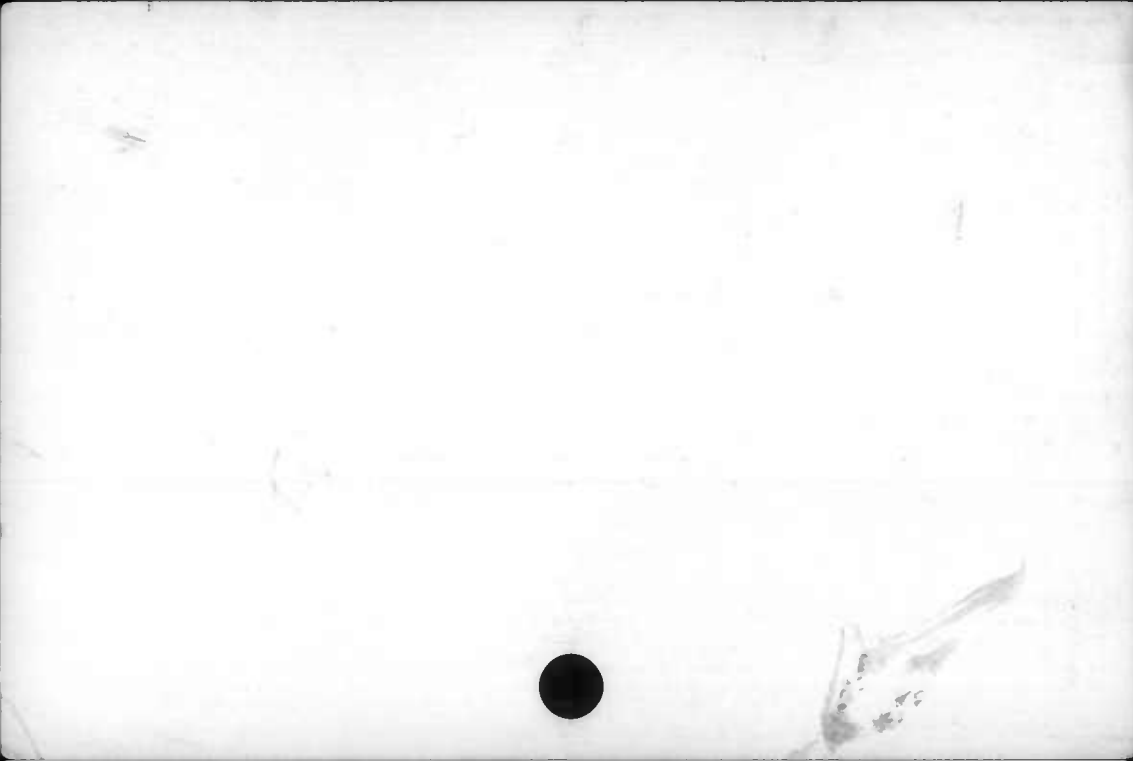
J. R. Fisher
Denton

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Tina Savage

CERTIFICATE OF DEATH

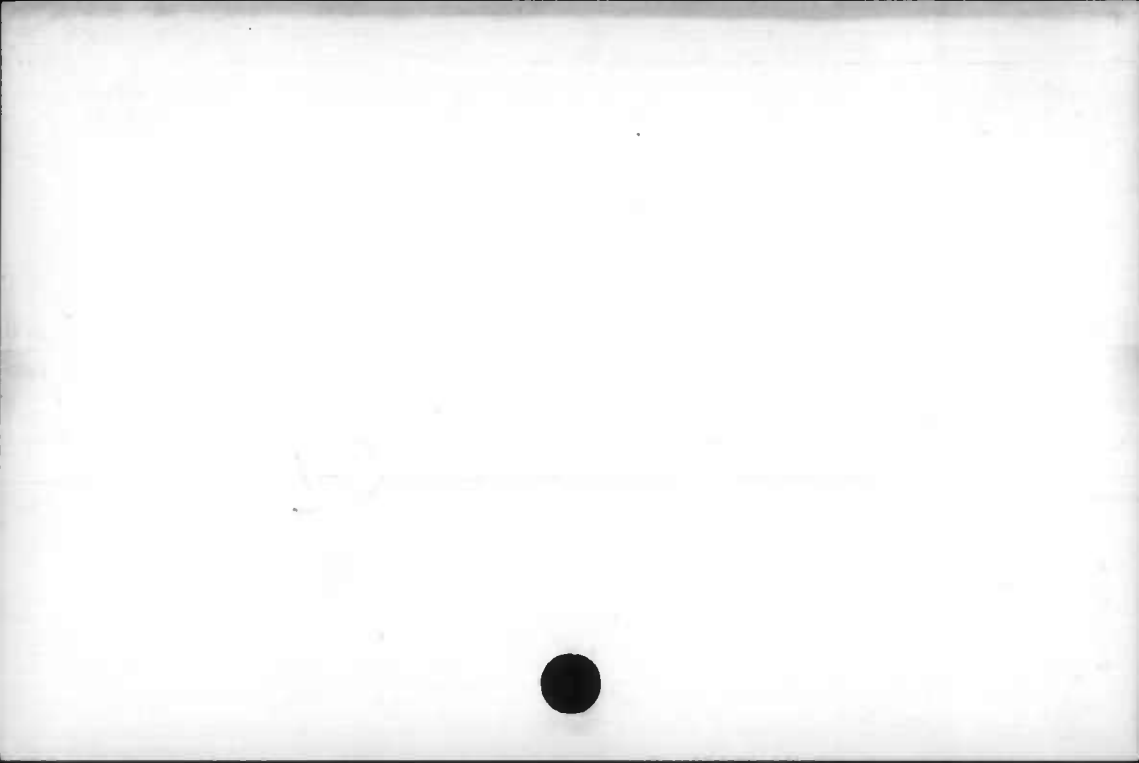
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|------------------------|-----------------------------------|-----------------|---------------|
| Died <i>Mon Ridgely</i> | | County <i>Caroline</i> | | MARYLAND | |
| Date of death 190 | Month <i>2</i> | Day <i>18</i> | Age <i>18</i> | Months <i>-</i> | Days <i>-</i> |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>Ches Ann Co Md</i> | | |
| Occupation <i>None</i> | Where Residing if not at place of death <i>Mon Ridgely</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>-</i> | | | | |
| Father's Name <i>Louis Savage</i> | Father's Birthplace <i>Virginia</i> | | | | |
| Mother's Maiden Name <i>Anna D. Jones</i> | Mother's Birthplace <i>Caroline Co Md</i> | | | | |
| Name of person giving Information <i>Chas. Wright</i> | How related to deceased <i>Sty Father</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

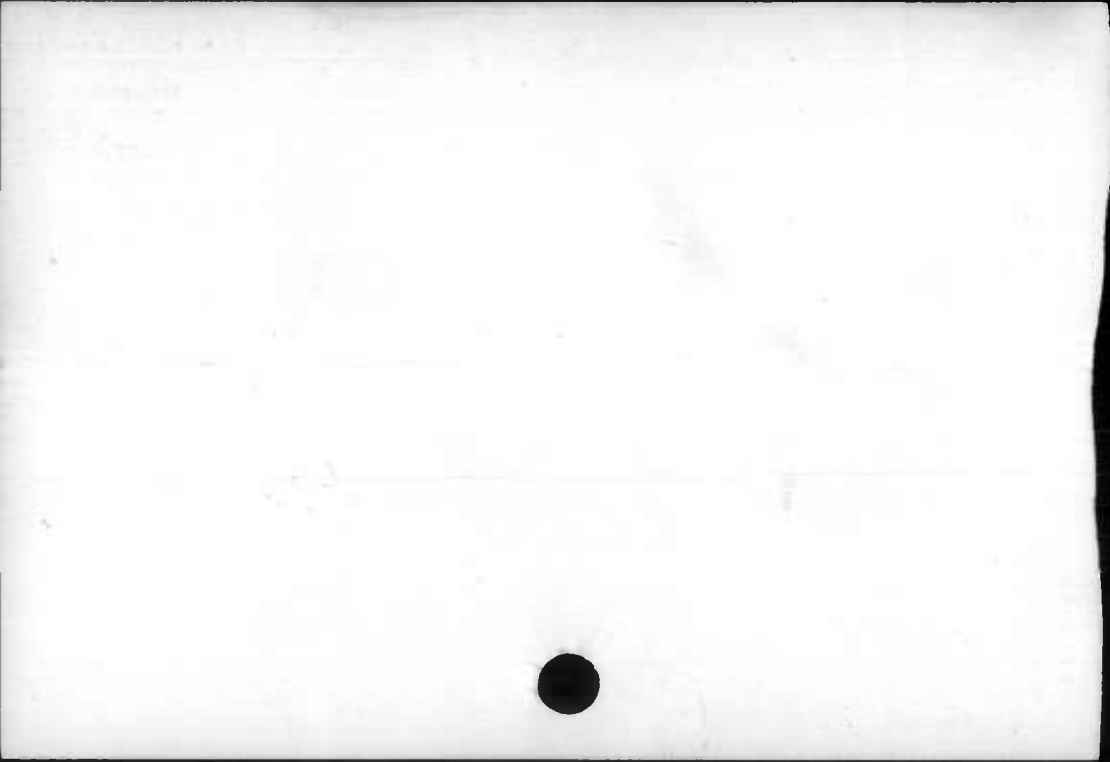
| | |
|---|--|
| Primary <i>Tuberculosis Pulmonalis</i> | How long <i>Six Mo</i> |
| Immediate <i>Exhaustion</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. C. Madara</i> |
| | Address <i>Ridgely Md.</i> |
| Accident or Suicide <i>-</i> | |



| Name in Full | | | | CERTIFICATE OF DEATH | | | |
|--|--|---------------------------------------|--------|---|-----------|--------|--|
| John Seward | | | | Town | | County | |
| Died at Goldsboro | | | | Maryland | | | |
| Date of death 1900 | | Month 2 | Day 10 | Age 79 | Months 11 | Days 1 | |
| Sex Male | | Color or Race White | | Birth-place Maryland | | | |
| Occupation Farmer | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed Widower | | Name of Wife or Husband Emma A. Myers | | | | | |
| Father's Name John Seward | | | | Father's Birthplace Maryland | | | |
| Mother's Maiden Name Rebecca Pearson | | | | Mother's Birthplace Maryland | | | |
| Name of person giving Information Wm Seward | | | | How related to deceased Son | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Natural Causes | | | | How long 3 hours | | | |
| Immediate Apoplexy? | | | | How long | | | |
| Are the name, age, sex, color, data and place correctly given above? Yes | | | | Signature of Physician Wm E. Cooper (Coroner) | | | |
| | | | | Address Goldsboro, Md | | | |
| Accident or Suicide | | | | | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Slaughter

CERTIFICATE OF DEATH

Died at Denton ^{Town} Caroline ^{County} **MARYLAND**

Date of death 1900 ^{Month} 2 ^{Day} 28 ^{Years} 68 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Del
Occupation Housewife

Where Residing if not
at place of death

Same

Married, Single or Widowed Widow Name of Wife or Husband H. P. Slaughter

Father's Name H. M. Biddle

Father's Birthplace Del

Mother's Maiden Name Anne E. Biddle

Mother's Birthplace Del

Name of person giving Information Andrew Slaughter

How related to deceased Son

CAUSES OF DEATH

Primary Bronchitis

How long 10 years

Immediate Same

How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

P. R. Fisher

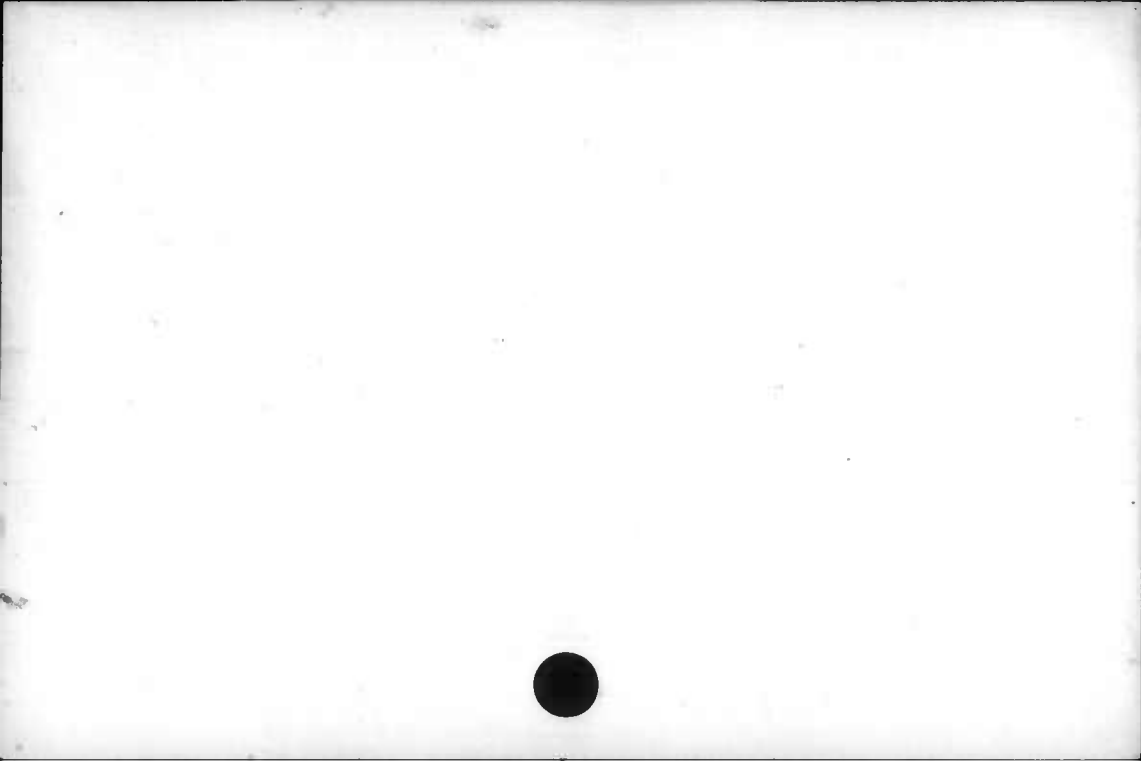
Address

Denton
Md

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James H Tribbitt*
Died at *Goldsboro* ^{Town} *Caroline* ^{County}
Date of death *1970* ^{Month} *Feb.* ^{Day} *24* ^{Years} *Age* *17* ^{Months} *17* ^{Days}
Sex *Male* Color or Race *White* Birthplace *Maryland*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *William H Hunter* Father's Birthplace *Maryland*

Mother's Maiden Name *Rebecca Tribbitt* Mother's Birthplace *Maryland*

Name of person giving Information *Wing Embert* How related to deceased *uncle*

CAUSES OF DEATH

Primary *Premature*

151 *V*
How long

Immediate

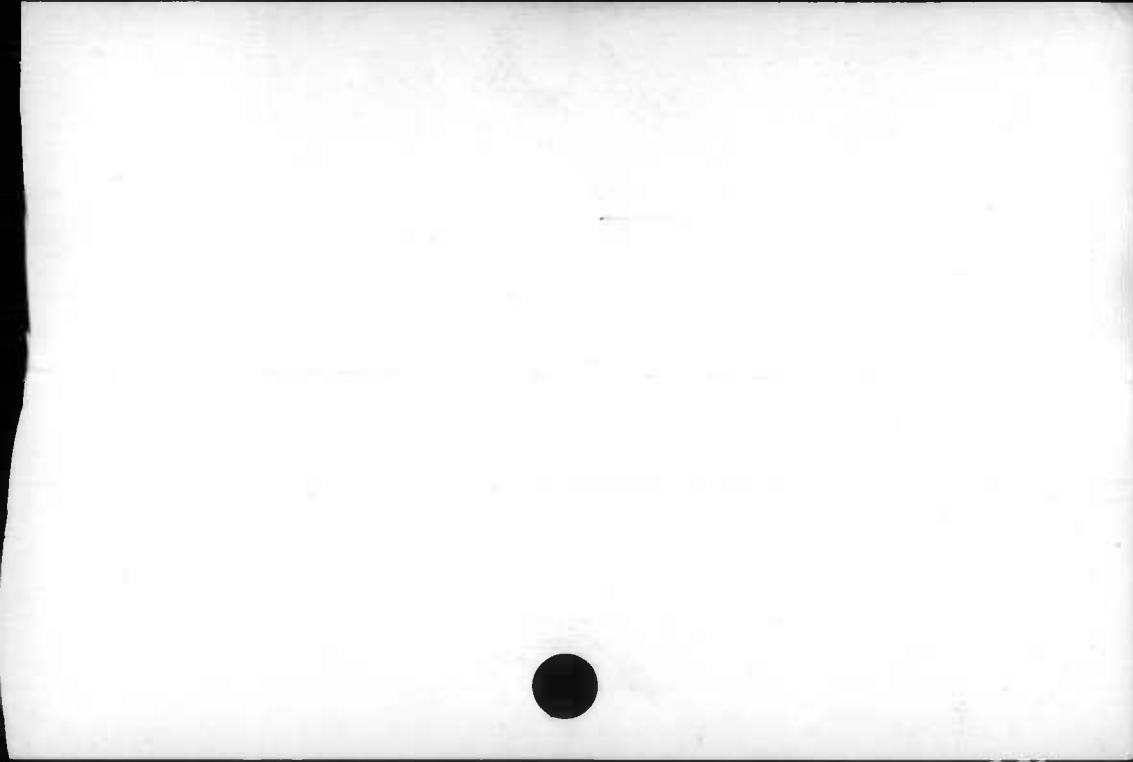
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm L Cooper*
Address *Carolina Goldsboro*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Williamson* Town *Smithville* County *Caroline* MARYLAND

Died at *Smithville* *Caroline*

Date of death 1901 Month *Feb* Day *27* Age *84* Years Months *7* Days

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *retired* Where Residing if not at place of death

Married, Single or Widowed *widowed* Name of Wife or Husband *Mitchell Williamson*

Father's Name *Mitchell Connolly* Father's Birthplace *md*

Mother's Maiden Name *Mary Murphy* Mother's Birthplace *md*

Name of person giving Information *James Williamson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *several years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. Kemp Jefferson* Address *Federalburg md*

Accident or Suicide



Name
in
Full

Evilijer Wright

CERTIFICATE OF DEATH

MARYLAND

Died at *Denton* Town *Caroline* County
Date of death 1900 *2* Month *18* Day *1* Age *1* Years *—* Months *14* Days

Sex *Female* Color or Race *White* Birth-place *MD*
Occupation *—* Where Residing if not at place of death *Denton*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *H. C. Wright* Father's Birthplace *MD*

Mother's Maiden Name *Elaine M. Anderson* Mother's Birthplace *MD*

Name of person giving Information *H. C. Wright* How related to deceased *Father*

CAUSES OF DEATH

6

Primary *Malaria* How long *Over week*

Immediate *Meningitis* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *yes*

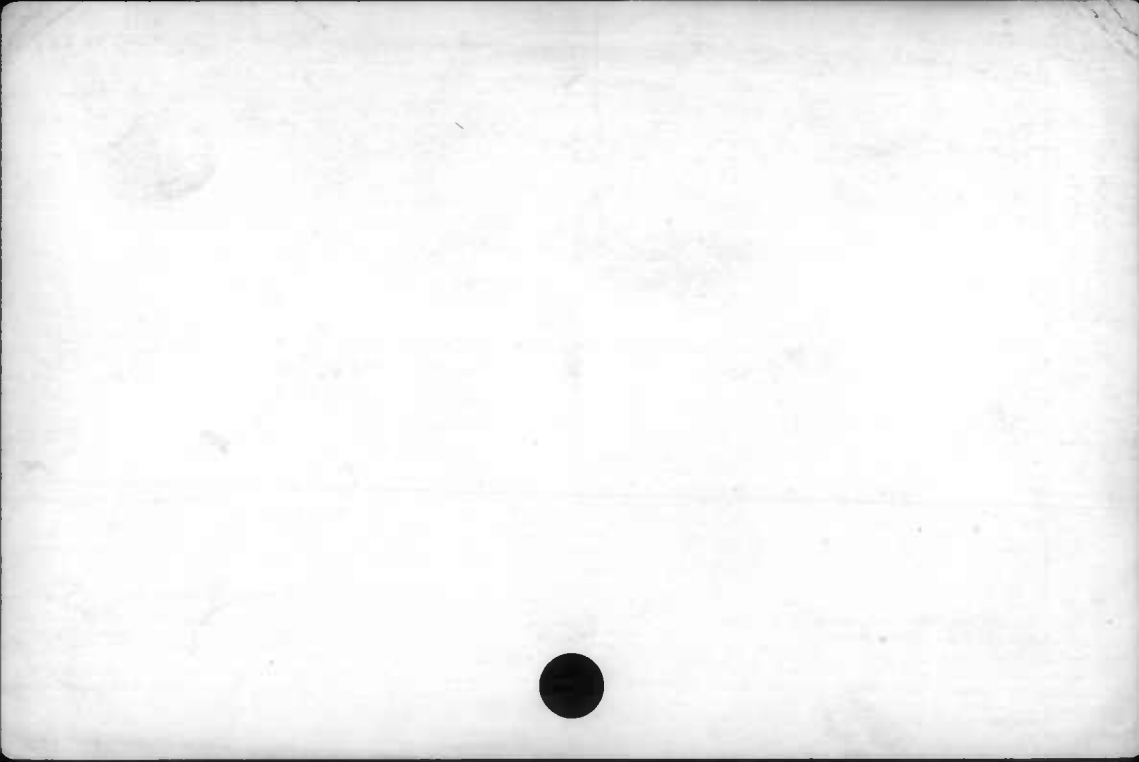
Signature of Physician *P. R. Fisher*

Address *Denton*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E. Knight* Town *Federalburg* County *Caroline*
Died at *Federalburg* *MARYLAND*
Date of death 1900 *Feb* *28* Age *78*
Sex *Female* Color or Race *White* Birth-place *md*
Occupation *retired* Where Residing if not at place of death
Married, Single or Widowed *widowed* Name of Wife or Husband *Labez Knight*
Father's Name *Samuel Knight* Father's Birthplace *md*
Mother's Maiden Name *Dorcas Knight* Mother's Birthplace *md*
Name of person giving Information *J M Knight* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Brights* *120* How long *several years*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. K. Jefferson*
Address *Federalburg md*
Accident or Suicide

